

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**Division of Health Care Financing  
HCF 10111 (01/03)(Formerly DES 3070A)**STATE OF WISCONSIN**

WI Stats. ss. 49.665, 49.468, 49.472, 49.473

**GOOD FAITH  
MEDICAID CERTIFICATION**

Claim Type	Internal Control Number	Check Digit	Dates of Service on Claim	
			From	To

**SECTION I – AGENCY DENIAL**

Agency Denial <input type="checkbox"/> Yes <input type="checkbox"/> No If 'NO', complete and attach a HCF10128 to update the recipient's file.	Reason for Denial <input type="checkbox"/> Recipient did not have a valid "Forward" ID card after _____(date). <input type="checkbox"/> Recipient not eligible. <input type="checkbox"/> Record not found.	Partial Denial	
		From	To

**SECTION II – TYPE OF CERTIFICATION ACTION**

<input type="checkbox"/> Initial Certification (Cert1)		<input type="checkbox"/> Amended Certification (Cert 3)	
Agency Number	W2 Agency Code	Case Head Name (Last, First, MI)	
Case Head Current ID		In Care of	
Medical Status Code		Street Address	
Period of Certification From                      Thru		City, State, Zip Code	
Previous ID Number			
Control Name YOB	Eligible Recipient Name (Last, First, MI)	Birthdate (mm/dd/ccyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
A 71 (good faith) med status has been applied to this recipient's file for the dates of service. In order to change the med status, or any other information, a Cert. 3 - 3070 is needed.			
Other Remarks:			

**SECTION III - SIGNATURE**

<b>SIGNATURE</b> – Authorized Agency Representative	Worker ID Number	Date Signed
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Questions may be directed to Good Faith staff by calling: (608) 221-4746, ext. 3104.